

DOCKET NUMBER: 0213-1431-0/tsh

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:  
Satoru NISHIMURA, et al.

SERIAL NUMBER: 09/534,995

FILED: March 27, 2000

FOR: CHOLINE MONOOXYGENASE GENE



: GROUP: 1649

: ATTENTION:  
Application Division  
Customer Corrections

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AUG 02 2000

TECH CENTER 1600/2900

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

The Patent Office is requested to provide a corrected Official Filing Receipt for the attached. If you have any questions, please do not hesitate to contact us.

No fees are required. However, in the event that a fee is required, please charge the appropriate amount to our Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Norman F. Oblon  
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WILLIAM E. BEAUMONT  
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31-00  
/

**FILING RECEIPT**



\*OC000000005143984\*



**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

Address: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/534,995	03/27/2000	1649	1364	0213-1431-0	2	22	

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Oblon Spivak McClelland Maier Neustadt PC  
Fourth Floor  
1755 Jefferson Davis Highway  
Arlington, VA 22202

Date Mailed: 05/30/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Ayumi Koike, Kanagawa, JAPAN;

**Continuing Data as Claimed by Applicant**

**Foreign Applications**

JAPAN 273275/1999 09/27/1999

If Required, Foreign Filing License Granted 05/26/2000

**Title**

Choline monooxygenase gene

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MAY 30 2000

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

PLEASE NOTE THAT THE FIRST APPLICANT'S NAME HAS BEEN OMITTED, IT SHOULD READ AS FOLLOWS:

SATORU NISHIMURA

TOYOTA-SHI

JAPAN

Data entry by : SASFAI, DAVID

Team : OIPE

Date: 05/30/2000

**FILE COPY**

Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
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<b>SERIAL NUMBER</b> 09/534,995	<b>FILING DATE</b> 03/27/2000 <b>RULE</b> -	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 0213-1431-0
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**APPLICANTS**  
Satoru Nishimura, Toyota-shi, JP ;  
Ayumi Koike, Kanagawa, JAPAN;

**CONTINUING DATA** \*\*\*\*\* *none*

**FOREIGN APPLICATIONS** \*\*\*\*\* *Okay*  
JAPAN 273275/1999 09/27/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 05/26/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JP	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Jared L. Gifford</i> Examiner's Signature Initials				

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Arlington, VA 22202

**TITLE**  
Choline monooxygenase gene

<b>FILING FEE RECEIVED</b> 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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